

ABOUT THE DECISION AID

Taking Control: Non-surgical Treatment Options for Urinary Incontinence in Women

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Overview

Urinary incontinence (UI), or the involuntary loss of urine, affects up to 75% of women at some point in their lives. Women with UI can make informed decision about treatment for UI if they understand their type of UI and consider the benefits and harms associated with treatments. This decision aid web site entitled, “Taking Control: Non-surgical Treatment Options for Urinary Incontinence in Women” helps women think about what is important to them when deciding with their doctor about treatments for UI. Patient decision aids, such as this one, are designed to support decisionmaking and patient involvement when making complex decisions.

Educational Content

This decision aid is designed to better prepare women with UI to participate in decisionmaking with their doctor regarding their treatment options for UI. The program covers the following information:

- The types of UI, including stress incontinence, urgency incontinence and mixed UI.
- What causes UI.
- Non-surgical treatment options for UI, including exercises, bladder training, medical devices, and medicines.

Target Audience

This patient decision aid is designed to meet the educational needs of English-speaking adult women who are considering non-surgical treatments for UI. Additionally, the decision aid is designed to meet the needs of novice computer users and individuals with reading limitations by providing information in audio-visual format.

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Method of Participation

The program content is presented as a series of modules using a variety of visual formats including video, graphics, picture stills, and text. A printout can be obtained within the aid containing elements that may be used by patients to discuss treatment options with their doctor and/or family and friends.

Application of IPDAS Standards for Development of the Patient Decision Aid

The original version of the International Patient Decision Aid Standards (IPDAS) checklist was developed following the two-stage Delphi consensus process involving decision aid developers, researchers, practitioners, patients, and policymakers.

Different versions of the IDPAS standards have been developed since the original checklist was offered. The approach, used by the Ottawa Hospital Research Institute, was adopted by the John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine (EC-BCM) as quality standards for patient decision aids. Briefly, the Ottawa Hospital Research Institute identified an abbreviated set of criteria from the checklist, retaining only those criteria where the median importance rating was 9 on a 1 – 9 point scale (30 criteria total). In other words, only those criteria where complete agreement of the voting panel was achieved have been retained. This abbreviated version is listed below, organized by the following categories: content items (Table 1), development process items (Table 2), and effectiveness items (Table 3). The tables presented in the following pages include a checklist of these standards indicating whether components of the patient decision aid, “Taking Control: Non-surgical Treatment Options for Urinary Incontinence” includes the criteria identified. In some instances, the standards are not applicable as indicated.

Table 1a. Abbreviated IPDAS Checklist: *Content Items*

IPDAS CHECKLIST CRITERIA		YES	NO	N/A	COMMENTS
CONTENT					
Does the patient decision aid provide information about the options in sufficient detail for decision-making?					
01	The decision aid describes the condition (health or other) related to the decision.	●			
02	The decision aid describes the decision that needs to be considered (the index decision).	●			
03	The decision aid lists the options (health care or other).	●			
04	The decision aid describes what happens in the natural course of the condition (health or other) if no action is taken.	●			
05	The decision aid has information about the procedures involved (e.g., what is done before, during, and after the health care option).	●			

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Table 1b. Abbreviated IPDAS Checklist: *Content Items (continued)*

IPDAS CHECKLIST CRITERIA		YES	NO	N/A	COMMENTS
CONTENT <i>(continued)</i>					
06	The decision aid has information about the positive features of the options (e.g., benefits, advantages).	●			
07	The decision aid has information about negative features of the options (e.g., harms, side effects, disadvantages).	●			
08	The information about outcomes of options (positive and negative) includes the chances they may happen.	●			
09	The decision aid has information about what the test is designed to measure.			●	This is a treatment aid.
10	The decision aid describes possible next steps based on the test results.			●	This is a treatment aid.
11	The decision aid has information about the chances of disease being found with and without screening.			●	This is a treatment aid.
12	The decision aid has information about detection and treatment of disease that would never have caused problems if screening had not been done.			●	This is a treatment aid.
13	The decision aid presents probabilities using event rates in a defined group of people for a specified time.		●		Data on outcome probabilities are lacking a specified time period.
14	The decision aid compares probabilities (e.g., chance of a disease, benefit, harm, or side effect) of options using the same denominator.	●			
15	The decision aid compares probabilities of options over the same period of time.		●		Data on outcome probabilities are lacking a specified time period.
16	The decision aid uses the same scales in diagrams comparing options.	●			
17	The decision aid asks people to think about which positive and negative features of the options matter most to them.	●			
18	The decision aid makes it possible to compare the positive and negative features of the available options.	●			
19	The decision aid shows the negative and positive features of the options with equal detail.	●			

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Table 2. Abbreviated IPDAS Checklist: *Development Process Items*

IPDAS CHECKLIST CRITERIA		YES	NO	N/A	COMMENTS
DEVELOPMENT PROCESS					
20	Users (people who previously faced the decision) were asked what they need to prepare them to discuss a specific decision.	●			
21	The decision aid was reviewed by people who previously faced the decision who were not involved in its development and field testing.	●			
22	People who were facing the decision field tested the decision aid.	●			
23	Field testing showed that the decision aid was acceptable to users (the general public and practitioners).	●			
24	Field testing showed that people who were undecided felt that the information was presented in a balanced way.			●	Balance not assessed with undecided patients.
25	The decision aid provides references to scientific evidence used.	●			References are included in this document.
26	The decision aid reports the date when it was last updated.	●			
27	The decision aid reports whether authors of the decision aid or their affiliations stand to gain or lose by choices people make after using the decision aid.	●			
28	The decision aid is understood by those with limited reading skills.	●			

Table 3. Abbreviated IPDAS Checklist: *Effectiveness Items*

IPDAS CHECKLIST CRITERIA		YES	NO	N/A	COMMENTS
EFFECTIVENESS					
29	There is evidence that the decision aid (or one based on the same template) helps people know about the available options and their features.		●		The aid's effectiveness has not yet been evaluated.
30	There is evidence that the decision aid (or one based on the same template) improves the match between the features that matter most to the informed person and the option that is chosen.		●		The aid's effectiveness has not yet been evaluated.

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Disclaimer

The content provided in the patient decision aid does not replace the advice of a doctor. The Agency for Healthcare Research and Quality (AHRQ) makes every effort to have accurate information presented. The information provided in this program is intended for educational purposes only.

AHRQ is not responsible for how the information is used; that is, no warranty or liability is offered. Links are provided to other Internet sites only for the ease of users and does not constitute an endorsement. Once the user links to another site, he/she is subject to that site's terms and conditions.

All medical decisions should be made in consultation with a doctor.

Acknowledgement of Support

This patient decision aid is supported by a contract, HHSA290200810015C, from the Agency for Healthcare Research and Quality.

Production Release Date and Updating Policy

The release of this patient decision aid is scheduled for September 12, 2013.

Updating of this aid will coincide with updates to the Comparative Effectiveness Review that serves as the primary evidence source and other supporting evidence provided by AHRQ's Effective Health Care Program. The timing of updates will be determined by AHRQ.

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BCM Development Team – Disclosure

The content and design of the current patient decision aid entitled, “Taking Control: Non-surgical Treatment Options for Urinary Incontinence”, was developed by a team of experts at AHRQ’s John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine (BCM) (Houston, Texas) in collaboration with a subcontracted team of experts at The University of Texas MD Anderson Cancer Center (Houston, Texas).

AHRQ must assure balance, independence, objectivity, and scientific rigor in all of its sponsored educational activities and programs. Thus, all individuals who participate in sponsored activities, including members of expert content committees, are expected to disclose any significant relationships that may pose a conflict with the principles of balance and independence.

Disclosure: Nothing to disclose.

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References and Evidence Sources

Shamliyan T, Wyman J, Kane RL. Nonsurgical Treatments for Urinary Incontinence in Adult Women: Diagnosis and Comparative Effectiveness. Comparative Effectiveness Review No. 36. (Prepared by the University of Minnesota Evidence-based Practice Center under Contract No. HHSA 290-2007-10064-I.) AHRQ Publication No. 11(12)-EHC074- EF. Rockville, MD. Agency for Healthcare Research and Quality. April 2012. Available at: www.effectivehealthcare.ahrq.gov/reports/final.cfm.

U.S. Food and Drug Administration CfDEaR. 501(k) summary for UroMed Alternative Bladder Control Continence Device. Available at: http://www.accessdata.fda.gov/cdrh_docs/pdf/K971992.pdf. Accessed April 19, 2013.

O'Connor AM, Llewellyn-Thomas H, Stacey D, eds. International Patient Decision Aids Standards (IPDAS) collaboration background document. Ottawa, Ontario, Canada: Ottawa Health Research Institute; 2005. Available at: <http://www.ipdas.ohri.ca/resources.html> Accessed April 19, 2013.